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PTO/SB/01 (10-00)

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DECLARATION AND POWER OF ATTORNEY			Attorney Do	cket Number	END-5255	
			First Named Inventor Biten K. Kathrani			
	ITY OR DESIGN			COMPLE	TE IF KNOWN	
(37 Declaration Submitted with	APPLICATION CFR 1.63) Declaration Submit Initial Filing (Surce (37 CFR 1.16(e)) in the control of the control	urcharge	Application I	Number		
			Filing Date		January 20, 2004	
			Group Art U	nit		
			Examiner N	ame		
As a below named invento	r, I hereby declare tha	t:			- (18)	
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
MEDICAL DEVICE FOR PROVIDING ACCESS (Title of the Invention)						
the specification of which			,			
is attached hereto						
OR	OR					
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign	0		Filing Date	Priority	Certified Copy	
Application Number(s)	Country	(MM/D	D/YYYY)	Not Claime	ed Attached? YES NO	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						

DECLARATION - Utility or Design Patent Application					
I hereby claim the benefit under 35 U.S.C	2. 119(e) of any United States provisional a	pplication(s) listed below.			
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:					
Application Serial No.	Filing Date	Status			
		Patented Patented Patented			
I hereby appoint:					
Practitioners at Customer Number AND	Place Customer Number Bar Code Label Here				
Practitioner(s) named below: Name Registration Number					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Address all telephone calls to at telephone number (513) 337-3535.					
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR F	NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Biten K.		Family Name or Surname KATHRANI				
Inventor's Signature					Date	
Residence: City K	Char Mumbai	State		Count	ry INDIA	Citizenship Indian
Mailing Address G	Mailing Address Ganga Cottage, 2 nd & 5 th Road Jn.					
City K	har Mumbai	State		ZIP 4	00 052	Country INDIA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Dr. Tehemton E. Family Name or Surname Udwadia						
Inventor's Signature Date						
Residence: City M	fumbai	State Maharas	htra	Count	try INDIA	Citizenship Indian
Mailing Address 10 Normandie- Carmichael Road						
City N	Mumbai	State Maharas	htra	ZIP 4	00 026	Country INDIA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF THIRD INVE	NAME OF THIRD INVENTOR: N/A					
Given Name (first and middle [if any]) Mangesh			Family Name or Surname Pantankar			
Inventor's Signature					Date	
Residence: City Maha	arastra	State		Count	try INDIA	Citizenship Indian
Mailing Address Madhuri, Shikharewadi, Nasik Road - 422101						
City Maha	arastra	State		7IP 4	22101	Country INDIA